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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

VTN-518

First Named Inventor or Application Identifier

David C. Turner et al.,

Express Mail Label No.

EM372329545US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**ADDRESS TO:**

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (attached hereto in duplicate)
2. ☒ Specification [Total Pages 18]  
(Preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☐ Drawing(s) (35 USC 113) [Total Sheets ]
4. Oath or Declaration
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Unexecuted original
  - c. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)
    - i. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference  
(useable if Box 4c is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement  
(when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Other:

16. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  
Amend the specification by inserting before the first line: -- This is a ☐ Continuation ☐ Divisional  
☐ Continuation-in-Part (CIP) of prior application No.: , filed . --
17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.

**18. CORRESPONDENCE ADDRESS**

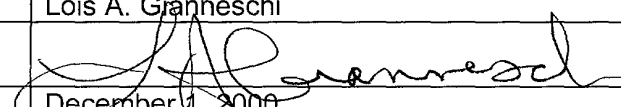
☐ Customer Number or Bar Code Label or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003 USA

**19. TELEPHONE CONTACT**

Please direct all telephone calls or telefaxes to Lois A. Gianneschi at:  
Telephone: (732) 524-6351 Fax: (732) 524-2808

**19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Lois A. Gianneschi	Reg. No. 35519
SIGNATURE		
DATE	December 1, 2000	

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	December 1, 2000
	First Named Inventor	David C. Turner et al.,
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	VTN-518

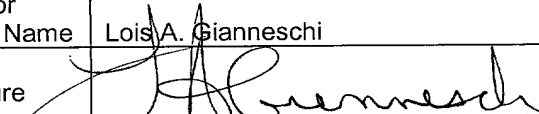
## FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	16 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 790.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/VTN-518/LG in the amount of \$790.00.  
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-518/LG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Lois A. Gianneschi	Reg. No. 35,519
Signature		<b>Deposit Account No. 10-0750</b>
	Date: 12/1/00	

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